

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIII. THURSDAY, SEPTEMBER 13, 1860.

No. 7.

A CASE OF RABIES IN A DOG, AND OF HYDROPHOBIA IN A CHILD.

BY WILLIAM INGALLS, M.D., WINCHESTER.

[Read before the Middlesex East District Medical Society, August 29th, 1860, and offered for publication to the Boston Medical and Surgical Journal, by a vote of the Society.]

THERE are many who yet doubt if there is such a disease as Hydrophobia. When a dog or other animal is "rabid" or "mad," the common expression is, "he has hydrophobia." This is not correct. An animal that is "rabid," has *not* "a dread of water," therefore the word "hydrophobia" is misapplied; it should be, "he has rabies," or, "he is mad." Man, suffering from a disease, the result of a bite by a rabid animal, has "hydrophobia," "a dread of water," and the expression or word is correct.

I have recently witnessed a case of rabies in a dog, and of hydrophobia in a child, one the result of the other; and as I believe I can give an accurate and minute account of both, and as I think such a contribution must be, or may be, of value to the literature of the subject, I respectfully call your attention to the following report, which has been drawn up with much care, and with a faithful regard to *facts*.

Mr. S. owned a white poodle dog, eight months old, which was presented to him by Mr. C., who resides in another part of the house of Mr. S. The dog was remarkably intelligent for one of his breed, affectionate, unexceptionably neat in the house, never going away from home, and answering *all* purposes of a perfect watch dog, barking furiously, when, at night, strange persons or animals came about, and was generally obedient. Hence, the animal was valued most for its real usefulness.

On the evening of the fourth of July, 1860, the dog, having refused to eat his supper, disappeared. On the evening of the fifth, having heard of his whereabouts, a son of Mr. S. found him, tied, in the house of a man who had taken him in, and the back of whose

VOL. LXIII.—No. 7

hand he had *slightly* wounded with his teeth. The dog followed his young master home, snapping at him once, certainly, during the walk.

Arrived home, he refused to *eat* or *drink*, and *seemed* guilty of having done some wrong. He was washed, and during the bath, *took the hand of his mistress into his mouth, but did not bite*, held it a moment, and let it go, *looking ashamed the while*. After this, he was partly clipped by his master, and during this process, snapped several times at his finger, *not* drawing blood, and upon receiving a little box upon the ear, jumped down from the chair, and crept under the table, as he always did when punished. He was left to sleep in his usual place on a rug in the kitchen. A little son of Mr. S., after having been in bed a while, came down stairs for a drink of water, and was bitten on the calf of the leg, the result being more like a bruise than a wound.

After the dog was released, and while running about, he was noticed frequently to sit or squat down on his rump, drawing his hind legs forward, indeed the end of the back-bone was dragged upon the ground. His voice was peculiar, and, although indescribable, yet, as his master said, should it ever be heard again, it would at once be recognized. It seemed to be in the throat, and each attempt was apparently stopped, as if he could not bark out what he wanted to.

July 6th.—This morning, before the family was up, the dog came into his master's chamber, jumped upon the bed, was patted and talked to by his master, and the faces of both master and mistress were smelled at by him; then, jumping down, he ran into the children's room, where the same thing was gone through with.

About this time little Freddy C., a bright and beautiful child about thirty-three months old, came into a room where the dog was, to play with him, when the dog sprang up and wounded him upon the left side of the upper lip, the wound bleeding profusely. This day, also, *he went through water and lapped it eagerly and in quantities*.

The dog was tied up a part of the day, during which time he seemed anxious to "get at" some persons who came into the premises. Was let loose at night. Would run away some little distance, but would return readily on being called. He was extremely restless, jumping from one chair to another, remaining but a moment in each; would catch flies—seemed possessed to do so, making prodigious leaps to reach them. During this night he tore his blanket to shreds.

7th.—When the man came into the kitchen, early in the morning, the dog snapped at him, but his boots protected him from injury. The dog was now tied, by a cord, to a tree, by his master, and for a few moments he played with him, jumping up to his knee, but suddenly he made a dart a little behind his master and bit the calf of his leg through the pantaloons. During this time the dog

seemed to be *natural* in his movements, but it was recollected afterwards that there was a *peculiar expression* of his eyes.

From this time, the dog was thought to be in, at least, a questionable condition. Before this, the change in his disposition was attributed to his temporary absence and loss of appetite.

While a room was being prepared in which to secure him, a neighbor's dog with which he had been in the habit of playing, came into the yard. Upon seeing him, Frisk broke his cord, and pursued the other dog some little distance and "fought him" for a few moments until his master's man called him off; Frisk was obedient, even then, and came back to the house. It was now 10 o'clock, and I, being asked to give my opinion as to the condition of the dog, whether he was rabid or not, will here begin a record of what I myself observed, said and did; the preceding being gathered by careful questioning, and patient answering, from Mr. S., the dog's master.

The dog was shut up in a tool-room in the stable, there being on one side a window admitting plenty of light, and opposite to that, a sliding door, opening which, for the space of an inch or two, we made our first observations upon the dog. He exhibited almost ceaseless restlessness, being quiet, at no one time, longer than thirty seconds. During the many minutes we stood at the opening, he gnawed the door (the front teeth being placed with force against the surface of the door, and at no time on the edge), making no attempt to get out or to come through the opening. While not gnawing, he stood for the most part looking straight forward, not particularly at the crack or opening, but in different directions; the eyes being bloodshot, and with a "hang-dog," or guilty look. Upon our closing the door and looking through the window, he quickly perceived us and looked up at us for a few seconds at a time, but with no expression of intelligence. There was no frothing at the mouth, and he did not "give tongue." I learned that there had been no *faecal* evacuations since his return on the night of the 5th, but he *urinated many times, and always lapped the urine up*.

I could not say, positively, that the dog was rabid, but I most forcibly urged that he should be so confined as to prevent the possibility of escape; that he should be supplied with food and drink, and that we should await the result.

Not long after my visit of this morning, a neighbor, believing all these symptoms attributable to costiveness, administered castor oil. On putting his hand upon the dog's head, it was snapped at; thick gloves were procured, and the oil given without harm. Some twelve hours after, there was a small *faecal* operation.

By request, I examined the wound upon little Freddy C.'s lip; it appeared to be a scratch, and in good healing condition. I advised that it should be let alone, and, in reply to a question, said, "I cannot believe there will be any evil result from the wound."

I may be here allowed to say, as in a note, that "cutting out," and "cauterization," and many other things, came vividly before my mind; but the following was my process of reasoning, and induced me to answer as I did.

Twenty-six hours have elapsed since the wound was made. I have known many, and have been a witness of quite a number of cases of bites of rattlesnakes and moccasins, and I can say that recovery takes place *only* in those cases in which treatment is begun *at once*. Delay is fatal. So I believe it to be after a bite from a rabid animal. In this case we are not *certain* that the dog is mad; the wound is in a healing condition; the child is well; the time for action seems to me to have gone by, even if the dog be mad; the chances are greatly in favor of there being no detriment to the child; then why spring a mine of terror to the family and of excitement to the neighborhood, by cutting or roasting. Of course, I have *now* my regrets at not having "done something," but, I am happy to say, they arise solely from my own reflections, and from nothing whatever that has been said or intimated by others.

8th, Sunday.—His master watched the dog a great deal this day, and reports that he seemed to be in the same condition as heretofore. Several times he poured a stream of water from a watering pot, the nose being taken off, through a crack made by sliding the door back a little, and as soon as the stream was withheld, *the dog would come and lap of the puddle made*, and this was done more than once. He was not seen to eat meat or anything else; but Mr. S. thinks he saw him *once* lap a little milk.

9th.—This day, at half past 12, the dog died peacefully and quietly, having *no* convulsions, and making no manifestations of suffering. I made a *post-mortem* examination of the dog 20 hours after death, and there seemed to be *no* abnormal condition of any organ of the chest or abdomen; there seemed to be, however, an unusual *dryness* within both the cavities, the small intestines, for instance, sticking to the fingers instead of being inclined to slip. I did not *dissect* the throat, but examined it quite well, and could see nothing unusual. Brain not examined. This is all I have to record concerning the dog.

On the 13th of August, forty days after the child was bitten, I learned from the father the following:—

"Freddy was somewhat restless last night, and I went to him frequently, my wife being asleep, and I not wishing to disturb her. At 3 o'clock, *he asked for some water*; I carried some to him *and he would not drink it*, and motioned with his hand and arm to take it away. It came over me at that moment what was the matter with my child; I felt that he was doomed. I did not call my wife until morning, up to which time his restlessness increased. He has seemed *to have no pain nor even distress*, but we cannot get him to eat or drink anything."

I saw Freddy at 10 o'clock, A.M. And as, when I entered the room, he did not wish me to look at him, his mother took him in her arms. During the few minutes he was there, he was not still a moment; the head would move from one shoulder to the other, then to the breast, then back again. In a very short time I gained his confidence, and he suffered himself to be placed upon the bed, upon which was his favorite box of sea-shells. I found his pulse about 100, regular and natural; skin pleasant to the touch; tongue not coated towards the end and edges, thinly so upon middle and back part; breath not offensive; the expression of his large, lustrous eyes, his beautiful feature when well, was changed, but I cannot describe the change; let it suffice, that they were slightly injected, and that they seemed not to rest for a moment on any one object, but glanced from one to another incessantly. While lying on his back, he would suddenly and quickly start up into a sitting posture, play for a few moments with his shells, and then throw himself back again. When water was offered to him, he *did not become convulsed*, nor exhibit any violent emotion, but *quietly* declined taking it, either by putting his arm up before his face, or by turning his head away, or doing both at once. He had had no dejection for twelve or fifteen hours, but had urinated two or three times, and this *did not produce distress of any kind*.

I am in the habit of using a mixture consisting of sixty grains of calomel, and three, each, of pulverized ipecacuanha and opium, thoroughly rubbed together; of this mixture, I ordered two grains to be given every two hours in dry sugar. He "got down" the first and a part of the second, but there was so much resistance and distress occasioned by their administration, that no more attempts were made.

This report need not be prolonged. By advice of my friend Dr. Stevens, of Stoneham, who saw the child with me in the evening, I injected one-eighth of a grain of acetate of morphine under the skin of the arm; next morning, I also injected *one half* a grain; neither of these applications produced the slightest appropriate effect. About two hours before death, which occurred at half past 12, M., on the 14th, he took into his mouth and chewed, but did not swallow, a little gingerbread. About forty or fifty minutes before death, he became generally convulsed; I gave him ether, and he was under its influence when he died. The restlessness continued to the last. Many times he was asked, "Does Freddy feel sick?" the invariable answer, until an hour or two before death, was, "No;" but towards the last, he said "Yes." He did not bark or howl like a dog; nor were his movements anything but those natural to him.

In the foregoing, I have purposely been minute; it may be, prolix. Have you, Messrs. Editors, a particle of true sentiment or imagination in your composition? If so, then, while reading this report, you have seen the picture of a domestic circle, some read-

ing, some conversing, and others playing with the little children—while a rabid dog was running about among them, perhaps *jumping into a neighboring chair, seeking caresses*, and so on. Then, can your reporter be too minute in his description of the symptoms of rabies in this “poodle dog,” when there are many hundreds of the breed in the State? The symptoms of rabies in different dogs must differ, as a matter of course; but in all essential particulars, there must be a close resemblance. Some are wild, tearing and noisy in their demonstrations; others are not so, but are affectionate, *gentle*, even, seek the caresses of their masters and those with whom they are acquainted; and during these times they suddenly snap and bite. The reason we have so few authenticated reports concerning rabies, is, that as soon as a dog is supposed to have the disease, he is destroyed. It would be well for the cause of humanity, if every suspicious case, hereafter, could be faithfully examined to the end, and reported.

THE BED CASE,

OR AN IMAGINARY AFFECTION WHICH CONFINES THE PATIENT IN BED, AND IS PRECEDED OR NOT BY DISEASE.

BY WALTER CHANNING, M.D.

[Continued from page 119.]

AN important fact in the history of this disease has not been stated. It is this:—In few, if any diseases, does recovery take place so suddenly, so unexpectedly, and so perfectly as in this. The circumstances under which recovery happens are as striking as is the recovery itself. It would seem that it could be hardly otherwise than that a preparation for this has been making or made a long, or at least some time before, and that there has been only some one thing wanting—that special agency, which has been so suddenly followed by cure. Let us offer some examples.

Mrs. — had been a-bed between one and two years. The disease followed labor. She had been treated by different physicians, but without any benefit. It was impossible for her to move, or to be moved, without such suffering as to lead her friends to put off another experiment of the kind as long as possible. When I was called in consultation in this case, Mrs. — presented just such an appearance as her previous state would be most likely to produce. She had, in the first place, passed through a very severe labor, and had never recovered from its immediate effects.

The most pressing trouble in this case was a sense of “giving way,” “falling to pieces,” upon every attempt to move. This state of things was referred to the pelvis as its principal seat. A belt of strong webbing, with an interposition of India rubber, and a pad for the symphysis pubis, was prepared, and on my second

visit it was applied, and Mrs. — at once taken out of bed. Her general health was slowly regained; but from this time it was obvious that recovery was in progress, and the usual characters of the Bed Case soon disappeared. Here mechanical means were used to prevent the alleged immediate effects of motion. Confidence soon came, that effort was possible, and practical results daily added to confidence, and the patient was thus saved from a disease which might have made a long life miserable.

Mrs. — gave birth to her first child between four and five years before I was called to see her. She had kept her bed for most of the time since. The disease had slowly made progress, but had for years been confirmed. Time enough had elapsed for all the direct effects of labor to have passed away. She was young, and had always before delivery been in excellent health. She presented to me every appearance of perfect health. Her complexion was clear, the skin smooth, and well colored. The flesh was abundant. In its fulness, it might have been thought morbid. Appetite good. Bowels regular. Pulse natural. I could discover no symptom of disease. Yet she could not move, or if motion was attempted, spasms came on which so alarmed the attendants by their violence, that attempts to move were rare, and soon no more was done than was made absolutely necessary by circumstances which could not be neglected. The simple act of feeding, or of being fed, required the most skilful management, or alarming spasms would be produced. A very careful examination was made into the whole facts of this case, and I became satisfied that the only chance of cure here, was in doing what seemed so dangerous, namely, getting Mrs. — out of bed, and obliging her to use her own will, and her own muscles in getting back to it again. This was at first only hinted at. It was declared to be impossible, or that life would be endangered by it. Several visits were made, and medicines were prescribed, and taken. At length it seemed to me the time had come for action. I was alone with Mrs. — in her chamber, and stated that I could no longer attend her, unless she would follow my directions; and that she must leave her bed. I should have said that her house was in a large field, with no house near it, and nobody in her house. All the doors were left open. She consented; and with great trouble, and after much time, she was persuaded to make the attempt. With great difficulty she was brought to the edge of the bed. She of course aided in accomplishing this, for it would have been utterly impossible for me, or for any one person, to have moved such a mass of helpless matter. Mrs. — reached the middle of her chamber, and *there I left her*. I did not see Mrs. —, professionally, from this time.

I was sitting in my book-room one day, when a medical acquaintance was showed in. After some chat on matters and things in general, said he, "Have you seen Mrs. — lately?" I said I

could not bring her to mind. "O," said he, "she is the person you saw some months ago, in ———. She was bed-ridden. Being a townsman of mine, she called on me after your last visit, and I had her removed to my house in ———, and I have cured her." I remembered that *last visit*, and Mrs. ——— came up in her amplest proportions, standing alone, in that lone house. I answered indifferently, I was glad; how did it happen? &c. &c.

"I cured her mesmerically," said Dr. ———.

"How?" asked I.

"Mesmerically; and I have called to tell you all about it."

"How did she get to your house? She lived some two or three miles off. She did not walk, surely; and to have carried her must have been a *caution*. Did she retain her old admeasurements as when I last saw her?"

"I will tell you. We got her to ———, of course. I found her perfectly helpless; spasms upon the least motion."

Said I, "'twas strange she survived that drive from ———, and after having been taken out of bed as above narrated, and left alone."

"A terrible journey was that day's travel. She remained in bed till she was thoroughly rested, you know, and then I set about the cure. We first got her out of bed. It was something to do it, I assure you. She was bent upon being sick, or upon keeping in bed. At length I succeeded, and she was put into the chair. I told her to move. It is *no use*, Mrs. ———; move you must. She would do no such thing. At length I began with mesmerism. In the first place, I excited the organ of veneration by putting my fingers upon it with a will. When this was perfectly done, or Mrs. ——— had come entirely under my power, I excited the organ of locomotion, and bade her to 'walk.' [Mrs. ———, by this time, had become a loco-motive.] Straightway she rose and walked; and walked has she ever since."

I do not question a word of this narrative, and how can I? For, a short time after, I saw Mrs. ———, as fairly restored to her legs as was ever any body to anything or things. She was not as heavy as when I last saw her. Exercise had done something to bring her within some compass. She was very glad to see me, and stated her own notions of the case with great pleasure.

I said I did not question a word of this narrative. I am not one of your *credat judæus* class, but have respect for the doctrine of human credibility, or that other word, credulity, which so nearly resembles it in sound, that they may be very conveniently used, the one for the other. I do not know that I should go so far in the matter of *faith*, in the popular use of the word, as did Sir Thomas Browne, which you doubtless recollect, but in certain uses of it I should not be far behind him.

This case strongly reminds me of one which made a very great noise in the time of it—that of Harriet Martineau. In her case mesmerism had its perfect work. Miss M., it is said, had not much

faith in some other matters, but her faith in Mesmer was without a shadow of doubt. Several years ago she was ill, as it was said, of cancer. Before, or since that, she has suffered more from a *disappointment*. And since both, she has climbed the "proudest pyramid of them all, and which has lost its apex, and stands obtruncated on the traveller's horizon." She has listened to the music of the sun's rays, as the early morning breezes sweep by the statue of Memnon. And above all, she has been a Bed Case. Her Life in a Sick Room—I think that is the title—is the moral history of her case. If there were ever any one, nursed, petted, coddled, it was Miss Harriet Martineau. Friendship lived and moved and had its being for her. For her was spring and summer, autumn and winter. The sun shone for her. The spring spread out its offering of blossom; and autumn, for her, garnered all its harvests. How patient she was. How patient her friends. Exquisite suffering brought with it no complaint, and privation was better than enjoyment. Everything was tried for her cure. Who could withhold skill from such a claim? Who could deny drugs, if drugs promised any good?

Years and years passed by, and Miss M. pined and smiled in her agony. I think five years were completed, when the light began to dawn upon that long moral polar night. It came in the shape of Mr. Surgeon Atkinson, and its beaming was mesmerism. The passes were made. "I still live," in almost dying utterances came sighing from her. Mr. Atkinson broke down under the weight of his accomplishments. He was, in the popular language, "used up." An Irish girl succeeded, a servant of all work in the family. She was full of animal magnetism, and bestowed it as freely and as successfully upon Miss Harriet as she had upon the grate hob, or any other object of her professional care or skill.

It is quite unnecessary to pursue this matter any further. Miss Martineau recovered perfectly, and ceased to be a Bed Case, by the mysterious agencies of mesmerism. She has lost all her old prejudices, or left them all in her sick room; so that in regard to affairs of faith, popularly so called, I suppose she remains pretty much what she was before.

Mrs. —, aged between 25 and 30, mother of one child, did not recover well after her confinement, and gradually became a confirmed Bed Case. I was not called to see her until many medical men had already seen and prescribed for her. My professional history contains many such facts. Within the year in which I write, I have, in two cases of disease, been the ninth physician consulted, just the ninth. The younger and the older gentlemen of the calling had already seen the patients. Sometimes this leads to much amusement for me. Being called when the patient is thought hopelessly ill, everybody else having been tired out, how often has my visit been thus greeted:—"Why! have you sent for him? Then it must be pretty much over with me, for he is never called till people are just dying." The earnestness of the appeal shows that death

is not so nigh the door as apprehended. But let this pass. Distinction comes through various channels—now suicide, now murder, &c. &c. Its pursuit, and its attainment, would make one of the saddest and most interesting of human histories.

I was called at last, and *last*, to see Mrs. —, and certainly of all Bed Cases her's was the worst.

"The trail of the serpent was over it all."

Not an organ had escaped. From head to foot, everywhere there was disturbance. Vision was always indistinct, sometimes wanting. Light and air were intolerable. The hearing, taste, and smell, all were perverted. The heart, the lungs, but especially the stomach, had most yielded to the power of the disease. The appetite was coaxed by every species of the most delicate food. From one friend came daily a potato, which was cooked as nobody else could cook a potato. And so of everything else. The right lower limb was permanently bent at the knee. To move it was agony; and it may be understood how miserable was this state of things, when it is added that Mrs. — was always on her back, and had, in this position, to keep the knee elevated, and bent almost at a right angle. The uterine system was disturbed in its functions, and these were painful. A morbid vaginal secretion was the substitute for its healthy one. Emaciation existed in the extreme. Suffering had worn the patient almost to a skeleton. The skin had acquired that peculiar hue, of sallow and dark, which is so characteristic of long and painful disease, and which so often indicates its malignant character. It was not believed, however, that this was the tendency, or state of this case.

The mind had yielded to the body. That absorption into one's self, which comes of such maladies, was complete. Complaint had become a natural language, and spoke out on all occasions. The mind was weakened in regard to its best uses. Its whole power had come to be directed to the disease, and to a perpetual effort to show how grave it was, and how impossible it was for the patient to be other than she was. The tone of the voice got its character from the mind, and was querulous, repining, or sad, as the moral state determined. The sleep was every night disturbed, or often wanting; and this added greatly to the general discomfort, or misery.

The treatment was to be directed to the mind and body. As to the first, it was clear that argument would have no weight. Intellectual habits, the product of long experience of suffering, had become the natural, daily life of the mind; and attempts to alter, or to replace this by anything else would only serve to give to it strength. Persuasion or any other moral agency could do nothing here; and no relation of other individuals could be so near as was the patient to herself. The only safe sympathy for her was in a quiet, patient hearing of the daily repeated story; or in mak-

ing such inquiries concerning it as would show to the sufferer that the daily repetition of the same was patiently received.

I remember years ago I had a conversation with the late Dr. Chaplin, who was so deservedly distinguished by his management of the insane. Said he, "I never argue with them, for as you can never refute or convince them, your argument gives them support in all the views they may entertain. I always receive what they say respectfully, and leave its absurdity or whole wrong to exert its power upon their own minds. I remember," said he, further, "that a lady from the South, of very ancient and proud descent, and much wealth, was placed under my care. Her insanity turned mainly upon the idea that she was a drunkard, and a daily disgrace and insult to her family. I agreed with her perfectly that to be a drunkard was all she said of it—that I was surprised that a lady of her appearance and relations should so disgrace herself, &c. The first appearance of improvement in this case was a disinclination to have the subject of drunkenness referred to, and at length the cure declared itself by the patient denying that she was or ever had been a drunkard, and manifesting the greatest displeasure at any allusion to the subject." In another case, a patient whom I had placed under his care, declared herself to be a ghost. The idea was admitted by Dr. Chaplin, and one day at dinner was alluded to in the surest way to reach the mind most favorably, namely, that, for a ghost, she seemed to have a remarkably good appetite, and eat an excellent dinner.

In the cases we are now proposing to treat, the mind is in a condition of such unsoundness—such weakness—that all attempts to disprove its beliefs and notions, add to existing discomfort, and directly tend to its increase. The great object should be to get the confidence of the patient, as the only and best means for the application of remedies to physical conditions. Such a use of the mind is a perfectly legitimate one, and he who fails to make it may never cure the disease.

In the physical treatment of Mrs. —, the indications were to regulate the diet—relieve pain—procure sleep—restore tone—straighten and restore motion to the bent and stiffened limb—to bring the senses into healthful exercise—admit to the lungs fresh air—(Mrs. — always living in close, shut-up rooms)—to take her out of her bed, and finally out of her house.

I. *To regulate the diet.*—This was begun by exclusion. The little table at the bed-side, with its multifarious and multitudinous luxurious articles of food, with its nice white covering napkin, which hid all from the profane, was gradually to be withdrawn. The hours of eating were to be gradually reduced to their usual number. All this was accomplished after so much trial and time as the circumstances of the case demanded.

II. *To relieve pain.*—This was not easily done; or rather it was done at more or less risk of making the bowels more torpid

than the entire want of exercise, and other difficulty-regulated things produced. The valerianate of morphia, the liquid extract of valerian, and various subnarcotics, were tried, and the object more or less accomplished; and the next indication,

III. To procure sleep, answered.

IV. *To increase strength.*—The ordinary means to do this were used. Chalybeates were much relied on, while a powder of bismuth and calomel, quinine, gentian, &c., was also given.

V. *To straighten the limb.*—The left limb was bent upon the pelvis at the hip-joint, and at the knee; while the foot had long remained in the same position—the knee being drawn high enough for it to rest on the sole. This was the most important indication, viz., to straighten this limb, which would be to give it power of motion, and this it had in its present state only in the smallest degree. To touch, to rub, or to attempt to move it, occasioned great suffering. The treatment was begun by fomentations, liniments, the stereotyped course in such cases. But upon this followed a method which accomplished the object, and in the most thorough manner. A string was attached to the foot by a band passed over the instep and under the sole, which played freely over the foot of the bedstead as over a pulley; to this was attached a weight. The apparatus was allowed to be put on, and to be used. The weight was gradually increased, and the limb was straightened. The most important object was thus accomplished, and while proceeding, the other indications were also slowly getting to be answered.

VI. The senses were next, or rather with other things, receiving attention. The room had been kept perfectly dark. The light was now permitted to enter it. This required great caution, and was, perhaps more than any other indication, difficult to be begun or pursued. Should by chance any portion of the treatment produce trouble, give pain, or produce any annoyance whatever, mental or physical, the chances were that the whole course would have been rejected, and Mrs. — reduced to helplessness for life. The will loses nothing of its strength in the Bed Case, and only array it or get it arrayed against physician or treatment, and their function and influence at once will cease. The sense of hearing was managed just as was that of seeing, and noises came to be tolerated, which before had been annoying in the extreme. With the return of tone of general strength, the senses acquired the power of use.

VII. *Ventilation.*—It was pretty clear if the brain was to get tone, and exert a healthful influence over the organic functions, that it must be visited by pure blood. The purifier of the blood is the air, and the purer the air the better the blood. But Mrs. — having lived so long in such perfect seclusion from light and air, and the attention having been so long directed to every part of the body, especially the surface—the skin—and every change in

sensation over every inch of it at once noted, and provided against, that a most difficult thing was to be done when the outer air was to be admitted into her almost hermetically sealed chamber. This was accomplished. The key-hole was unstopped. The bags of sand, or what not, were taken from the bottom of the doors and windows, and the air found its way into the room again.

VIII. The last indication was to remove Mrs. — from her bed, and from her house. The first was attempted soon after motion was restored to the limbs, and it was soon done. Mrs. — had acquired a more healthful consciousness of power, and a willingness to exert it, which so often accompanies the acquisition. She was willing that an attempt should be made to remove her from one place to another, and this was both prophecy and promise of recovery. She was taken from bed. This was well borne. In a short time it was proposed that she should go abroad. This, too, was acceded to. Mrs. — suggested that she should attempt a visit to some friends, some forty miles off, stopping by the way whenever she was so fatigued that she could proceed no farther. The suggestion was adopted. She soon undertook the journey by rail, and, to her entire surprise, found herself at its end before fatigue demanded her to stop. Mrs. — remained at home some weeks, gaining flesh, strength, and true pleasure every day, and called on me when she returned to the city in possession of apparently perfect health.

This was to me, and more especially to the patient, a case of the deepest interest. The question was, if it should be abandoned by the profession as hopeless, and the patient left to gradually accumulating suffering and helplessness, or whether further attempt should not be made to prevent all this, and apparently to save life. It was agreed to try. An encouraging circumstance it was that Mrs. — became gradually conscious that power to be better remained, and acknowledged it. Few facts in all recoverable chronic diseases are more encouraging than this, and especially when they get most of their symptoms, and all their adhesiveness, from having their source mainly in the lesions of the nervous system. It is hence comes their helplessness—their utter helplessness—the extreme difficulty of their management—the exhaustion of friends—the frequent changes of nurses and physicians. In other, and in the gravest chronic diseases, consumption, for instance, hope ceases only with life, and cheerfulness and effort for recovery mark its whole course.

One of the severest forms of the disease occurred in the person of Mrs. —, some years ago. She was of a family in which the nervous temperament had the fullest development, and in which insanity had shown itself. Our disease, *Bed Case*, followed occurrences which deeply affected the mind, the natural power and good culture of which, did not save it from the injurious influences of strong moral agencies. She took to her bed when she

felt no longer able to keep out of it, and the Bed Case became established. Nothing could induce her to move. Her friends were among the kindest people living, and paid her the most devoted attention. Months and years came and went by, but brought with them no relief of this terrible malady. At length her father—a merchant—failed, and was left without property. It became necessary for him at once to leave his house, and to take his family some thirty miles into the country, where he had friends who would receive him amongst them. The great question was, how Mrs. — should be disposed of. She had become a fixture; for years she had not been moved—she could not be moved. A nice point was to settle how she should be got down stairs, and it was decided that a window frame in her chamber should be taken out, and she lowered down in a chair to the carriage. This plan, however, was abandoned. Arrangements were next made for Mrs. —'s best accommodation on the road. She was to go so many miles the first day, so many the second, third, &c. The day of departure came. Mrs. — was brought from her chamber in the most legitimate manner to the coach, and started on her journey. Strength came as she tried it. She drove by the first stopping place, the second—stopped for lunch and dinner, and towards evening reached, in excellent condition, her new, country house. From this day, Mrs. — went to bed at the same hour with others; and, better, got up when they did; in other words, was radically cured.

Another Bed Case has been partially reported to me, which began entirely in mental cause—which lasted, I think, longer than did the last—in which the mind was as striking for its power and growth, and from which the patient, Miss —, rose from her bed most unexpectedly, and by her own will, and has enjoyed most excellent health ever since. I regret that I cannot give the details of a case which was deeply interesting to the friends of this long and patient sufferer, and the recovery from which gave the sincerest pleasure.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUG. 13th.—*Employment of Pessaries.* Dr. FIFIELD exhibited a pessary made of solid gold, after the model of Zwank, which was made for a patient who had obtained great relief from this form of pessary, but who was annoyed by the frequent breaking of the instruments, from the corrosion which other metals underwent in the vagina. Dr. F. was inclined to think that the India-rubber with which the pessary is coated, in order to make it soft, acted upon the metal.

Dr. BIGELOW observed that silver instruments would be acted upon by the sulphur contained in the vulcanized rubber.

Dr. STORER had used these pessaries with great success. The chief objection to them is the India-rubber, which causes heat and abrasion; but he had known them to be worn five or six months without inconvenience. Gutta serena is preferable to rubber for a coating.

Dr. PUTNAM remarked that different women exhibit a singular difference in their toleration of pessaries. Dr. Simpson, of Edinburgh, once showed him a patient who had worn a stem pessary for more than six months without inconvenience, during which time she had walked over a large portion of the Highlands of Scotland. He thought that the horse-shoe pessary of the late Dr. Hodges, of Philadelphia, was, on the whole, the best instrument of the kind, but it had the inconvenience of preventing coition.

Dr. STORER said the chief objections to pessaries were owing to carelessness and mismanagement. When properly adapted, they may be worn a long time, although they ought to be frequently removed and cleansed. Three years ago, he introduced one of Hodges's pessaries, which the patient wore thirteen months without removing it. In another case, the patient wore a ring pessary for six months without inconvenience; when Dr. S. removed it, he found it embedded in the soft parts. Some practitioners object strongly to pessaries, just as others do to ergot, and for the same reason; the less they use them, the greater the objection.

Dr. JACKSON said, when he was a student a gauze bag, filled with powdered bark, was much used as a pessary, and answered extremely well. It acted partly mechanically and partly by its astringent properties. Pessaries are often left a long time in the vagina. In 1851 he saw several in different museums in Europe, which had been removed from the vagina after having remained there a long time and been forgotten; they were more or less encrusted with calcareous matter.

Dr. BIGELOW had seen, in a considerable number of cases, a multitude of instruments tried and thrown aside, because they could not be worn, or because they failed of their object. He thought a well-adapted, proper-sized sponge made the most convenient pessary in cases of simple descent of the womb.

At the subsequent meeting, Dr. Bigelow said that in corroboration of the above remarks, he had that day seen a lady who, four years ago, had tried various kinds of pessaries, under his direction, for a bad prolapse of the womb, without success, until he was fairly ashamed of putting her to so much trouble and expense. At last, he recommended the sponge pessary, which the patient had worn ever since, with perfect ease and relief. She introduces it every morning, and removes it at night. It is soft, elastic, and does not become encrusted from retention. She rolls up a flat piece of sponge, after moistening it, and introduces it by means of a cylinder of wood. In another case, the patient, a very old lady, who was troubled with great prolapsus, causing retention of urine, and often obliging her to push up the tumor before she could urinate, obtained perfect relief from the sponge pessary. Dr. B. had seen more success from this form of pessary than from any other.

AUG. 27th.—*Swallowing Stones and other Indigestible Substances.*
Dr. READ exhibited a quantity of stones, varying in size from that of

a pea to that of a cherry, which had passed through the intestinal canal of a boy, 7 years old. Having seen one of the performers at a circus swallow, or pretend to swallow, stones, he resolved to follow his example, and in the course of one afternoon he swallowed *sixty-four*, the united weight of which was a little more than nine ounces, and which filled an eight-ounce bottle (one used for putting up sulphate of quinine). The next day he was visited and prescribed for by Dr. Underwood. The stones could easily be felt through the walls of the abdomen, and, upon percussion, could be heard to rattle. There were no severe symptoms. Castor oil was freely given, from the effects of which, in the course of three days, they all came away.

Dr. WHITE said he had once dissected an alligator, in whose stomach a similar quantity of stones was found, which could be heard to rattle when the animal was shaken, before the abdomen was opened.

Dr. BIGELOW remarked that it was a grave question whether it were best to give cathartics, in such cases, or to abstain from active treatment. He thought that if the foreign bodies were suffered to pass gradually, enveloped in soft food, they were less likely to do harm than when their progress was hastened by active medicines. The digestive tube possesses a power of propelling bodies through its entire length, in a way which it would be very difficult to imitate artificially. Sharp-pointed articles, like pins, &c., probably go with the blunt end foremost, or if in a different position the points catch, they are possibly carried back, by a reversed motion, and disengaged. At any rate, instances occur to every practitioner in which sharp and dangerous articles are swallowed without harm to the patient, especially if the intestine be not irritated by cathartics.

Dr. HOOKER had met with a good many instances, in the course of his practice, in which similar substances had been swallowed without evil consequences. In one case, however, the patient, an old lady, after swallowing a piece of dried-apple, was seized with pain and vomiting, and died in twenty-four hours. The autopsy showed that the apple had lodged in the cæcum, where it had given rise to inflammation.

Dr. TYLER said it was the commonest thing for patients at the McLean Asylum to swallow small objects, such as pieces of glass, coal, stone, thimbles, &c. Lately, a woman swallowed a crochet-needle, which was voided without inconvenience. Silver thimbles were quite a common article of diet. The treatment generally employed was to give plenty of farina-gruel, or porridge, without resorting to medicine. Among some of the patients was a curious propensity to swallow toads, and there is now in the Asylum a man who has swallowed half a dozen live toads, without injury.

Dr. ADAMS said that while he was a student, residing at Deer Island Hospital, in 1853, a young man there had symptoms of obstruction of the bowels, with a tumor in the abdomen, and great tenderness. It was found that he had eaten freely of cherries, and, in accordance with a common notion, had swallowed the stones to prevent indigestion. He afterwards passed such an enormous quantity of cherry-stones, that the nurse had the curiosity to collect them, and 1077 were counted, besides many which were lost.

Dr. JACKSON said that some years ago he examined a child that died with cerebral symptoms soon after swallowing a small stone. Nothing being found on dissection, he was surprised at the result, as these

small bodies usually pass without trouble. Dr. J. then showed a large collection of foreign bodies that had been swallowed, and had passed through the alimentary canal without causing any trouble; they were from the Society's Cabinet, and the cases have been already published in the Catalogue.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 13, 1860.

MEDICAL PATENTS AND OUR NATIONAL CODE OF ETHICS.—In admitting the following remarks by Dr. Wadsworth, it is not our intention to open the question of patent medicines and patent instruments, or to discuss the laws of the American Medical Association in regard to them. There can be no doubt about the general wisdom and justice of the latter.

But, inasmuch as this JOURNAL, through its advertising columns, was instrumental in bringing Dr. Wadsworth before the community, in what some have regarded as an objectionable position, we deem it right that he should have an opportunity to say a word in his own behalf.

Although we do not consider ourselves accountable for any portion of his article, we think it proper to express our unqualified dissent from that part in which he shields himself under the wings of our National Legislature. The bird so often alluded to in Fourth-of-July orations has hatched too many bad eggs to warrant us in placing implicit reliance upon its maternal care. We have had, upon this side of the water, many instances to show that the medical profession cannot appeal to more incompetent tribunals than our legislative bodies, either National or State. We should not, and need not become law-breakers, but as an independent body, with scientific reputations to maintain and characters to lose, we must be our own judges of scientific and moral questions.

Messrs. Editors,—In the last number of the Boston Medical and Surgical Journal, I saw an editorial, headed "Medical Patents and our National Code of Ethics"; being a passing notice of an article, having the same caption, that appeared in the *New Orleans Medical News*. I have not seen the latter, but infer, from your remarks, that the communication referred to contained charges of violation of the Code of Ethics of our National Association, against myself for having patented a surgical instrument, called the Uterine Elevator—against certain *twenty-six* medical men for having recommended it, and also against yourselves for having advertised the same instrument.

The portion of the Code of Ethics aforesaid, is found in the 4th Section of the 1st Article in Chapter II. thereof, and reads thus:—

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone gives it value and importance, such craft implies disgraceful ignorance or fraudulent

avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

You have correctly shown that those gentlemen who recommended the Uterine Elevator, are not responsible, for so doing, to either the letter or spirit of "Our National Code of Ethics," and for the unanswerable reason that the instrument was not patented when they recommended it—neither did they know it would be. The *twenty-six* M.D.'s, therefore, are no longer to be censured for having attested their decided opinion of the merits of a surgical instrument which is, "to the best of their knowledge, superior to any other invented for the same purpose."

It is true, I am an M.D., and I did patent a surgical instrument, to wit, the Uterine Elevator. This act constitutes the offence.

I am not desirous of entering the lists to break a lance with any one, but I shall assume and maintain the position that I have not crossed the spirit, nor the intention, nor the letter proper of "Our National Code of Ethics."

I have not violated professional honor, then, for two, the very best, reasons:—

1. Our National Representatives and Senators, selected for their extensive intelligence and profound wisdom, from among the people of this Union, have, in "Congress assembled," and after all due deliberation, virtually, to all intents and purposes, declared it to be right, expedient for the public weal, and honorable, to grant "letters patent" for inventions of new and useful improvements in surgical instruments, and the declaration was forthwith approved by the President of these United States, becoming, thereby, a law, which law has been repeatedly sanctioned by the highest judicial tribunal known to us; conspicuously illustrating the correctness of the old Roman maxim, "*Actus legis nulli facit injuriam.*" And this important law was enacted by our National Legislature long prior to the adoption of the Code of Ethics above named. Since, then, according to law, it is right, expedient for the public good, and *honorable*, too, to grant "letters patent" for a new and useful surgical instrument never before known or used, it follows that it is *honorable* to receive "letters patent" for a surgical instrument, and also that it is *honorable* to be instrumental in giving it publicity.

And who, I would ask, is expected to receive such patents? Why M.D.'s, most assuredly; they and they only can, for a moment, be supposed qualified to invent a surgical instrument worthy of a patent.

Moreover, is it strictly *ethical*, for a Society to adopt resolutions that directly clash with the established laws of the land? Of course, *such resolutions are a nullity, and the non-compliance with them no violation of real professional ethics.*

2. But again, the resolution, condemning the holding of a patent by a physician, explains its own meaning, and all that is intended to be embraced by it, viz., the discountenancing of concealment and mystery, and the promotion of beneficence and professional liberality; here is my second ground of defence.

So far as I, or anybody else, have gone counter to the explained meaning of the Code, so far the law, were it a lawful one, was transgressed.

Is there any concealment or mystery about a patent? Certainly

not. The obtaining a patent is the best means of giving the very greatest publicity and explanation to the article that receives its sanction. Nor is there, in the instance under consideration, any effort at variance with beneficence and professional liberality; indeed, the instruments are sold to physicians at *two dollars less than the ordinary retail price*.

It must be conceded that an improvement in surgical instruments would be better made if the manufacture of it were to be confined to the immediate superintendence of the inventor himself. The privilege, confirmed to the patentee, brings about this end. True, the article may cost rather more than if the manufacture of it were given, broadcast, to opposition, and everybody were to strive to make it as cheaply as possible. We all know that the Uterine Elevator, and every other important surgical instrument, should be made of the best materials and in the most faithful manner. This is brought about only by adequate compensation. Honor and efficiency are no longer thought of in connection with the instrument, when it passes from under the inventor's hands; and notwithstanding the acquisition of honor is, in the minds of some, a weighty inducement for inventors, and especially for those who are about to prepare themselves for the profession of medicine and surgery, to give their money, time, anxiety and labor; in short, to devote their lives (and find themselves) to the practice of physic, yet I think there are others, who, though they say a great deal about the honor-part, don't object to take a little money withal.

Now, because the Uterine Elevator is patented, is it to be abandoned, and all concerned ostracized by the medical faculty? Must the instrument, declared by *twenty-six* M.D.'s of high standing in the first class of physicians to be, in their opinion, "*eminently adapted to the purpose intended, and SUPERIOR to any other means within their knowledge, for the reduction and cure of prolapsus uteri,*" be rejected, and not even advertised, because a patent for it was given to an M.D.? I trow not.

And, further, am I to hear of a case where a patient, confined, by procidentia uteri, to her bed for weeks, perchance for months and years, *begs* for help at the hands of her physician, and *he esteems it more honorable to let her suffer than to advise the means of relief, because such means is patented!*

In my humble opinion, the Sec. 4th of Art. I. in Chap. 2d of our "National Code of Ethics" would convey the meaning of all that ought to be intended, if the word "patent" were omitted.

Gentlemen, I have done. I hope that he of the *New Orleans Medical News* sees this matter in its true light; *humanum est errare*, and I fully believe he was, while writing his ethical stricture, actuated by praiseworthy motives. If, however, he desires more light, I will refer him to the elucidating verdict of a jury composed of

"The fairest of creation,
The last and best of all God's works."

Providence, August 31, 1860.

JOHN A. WADSWORTH, M.D.

CAUSES OF DEATH.—Out of 100 deaths in England and Wales in 1858, the last year for which the causes of death have been examined, 25 were from zymotic diseases, 19 from constitutional diseases, 37 from local diseases, 16 from developmental diseases, and 3 from accidental or other violence. Zymotic diseases were exceedingly fatal, especially scarlatina, which, with its auxiliary diphtheria, caused 30,317 deaths. Smallpox and measles destroyed—the one 6,460 lives, the other 9,271. Syphilitic diseases killed 1,006 persons, above 700 of them infants, who receive it as their only inheritance. Want was recorded as the cause of death in 62 instances; but, observes Dr. Farr, in how many more was it the real, though unavowed, source, or support of fatal disease, it was impossible that register books could reveal. Almost 1,000 children died from want of breast-milk; "alcoholism" destroyed 712 persons, the deaths of 288 being expressly referred to intemperance, and 424 more vaguely to delirium tremens. In the second class—the constitutional—which includes tubercular diseases, it is found that the rate of mortality from phthisis in London and in the Welsh division was nearly the same, though the two districts differ widely in important circumstances; but other pulmonary diseases—bronchitis, pneumonia, asthma, &c.—were more than three

times as fatal in London as in Wales. In the third class—local diseases—there was a clear increase in affections of the brain, the heart, the lungs, and the kidneys; a very remarkable decrease in phlegmon. In the fourth class—developmental diseases—there was an increase in the deaths from old age, caused by the cold of winter. 3,131 mothers died from childbearing—a considerable increase of mortality, supposed to be caused partly by the general unhealthiness of the year, and partly by privations occasioned by the distress resulting from the commercial crisis at the close of 1857. There were six diseases, each of which killed above 25,000 persons in the year—phthisis, 50,442; scarlatina, 30,317; bronchitis, 29,093; atrophy and debility, 26,860; pneumonia, 26,486; convulsions (children), 25,488. Diseases are ranged in the Registrar-General's Reports in 112 classes, or we might say groups. Of the deaths in 1858, half were of persons under seventeen years of age; four out of ten were under five years of age. On the registers for the first quarter of the year being examined, it was found that 7,275 persons died without any medical attendant to certify the cause of their death—six in 100 of the deaths. In Manchester, 181 persons out of 1,755, the number who died in the quarter, had no medical attendance in their last illness; in Yorkshire, as many as 10 persons out of 100, and in the Welsh division at least 12 out of the same number.—*London Lancet*.

THE Sixth Annual Session of the American Dental Convention was opened at Saratoga Springs on the 7th of August, and closed on the 10th, after an extremely interesting and instructive meeting. More than one hundred members were present; the subjects for discussion were well selected, and debated with much earnestness by some of the best minds of the profession.

The National Dental Association held its first meeting July 31st, at Washington, D. C. The meeting was fairly attended, and considerable information elicited from the remarks of the speakers. The Pennsylvania delegation was the largest. No delegation was sent from New York city.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 8th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	46	59	105
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	50.4	50.6	101.0
Average corrected to increased population,	110.5
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Infan.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
13	27	3	3	1	1	3	6

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	30.154	Highest point of Thermometer,	84°
Highest point of Barometer,	30.396	Lowest point of Thermometer,	47°
Lowest point of Barometer,	29.830	General direction of Wind,	Southwest.
Mean Temperature,	62°.5	Whole am't of Rain in the week	0.608 in.

For the week ending Aug. 25th (accidentally omitted in the JOURNAL of that week):—Mean height of barometer, 30.060; highest point, 30.230; lowest, 29.718. Mean of thermometer, 69°.2; highest point, 82°; lowest, 62°. General direction of wind, easterly. Amount of rain, 1.938 inches.

COMMUNICATIONS RECEIVED.—Diseased Supra-renal Capsules.—Local Decomposition in Lead Aqueduct Pipes.

BOOKS.—Proceedings of the Connecticut River Valley Medical Association.

Deaths in Boston for the week ending Saturday noon, September 8, 105. Males, 46—Females, 59.—Accident, 2—disease of the bowels, 1—inflammation of the bowels, 2—disease of the brain, 1—burns, 1—canker, 1—cholera infantum, 27—cholera morbus, 1—consumption, 13—convulsions, 3—croup, 1—debility, 1—diarrhoea, 5—dropsy, 2—dropsy of the brain, 4—dysentery, 3—scarlet fever, 3—typhoid fever, 6—disease of the heart, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 4—measles, 1—paralysis, 1—premature birth, 2—puerperal disease, 1—scarfola, 1—smallpox, 1—tabes mesenterica, 1—teething, 2—unknown, 5—whooping cough, 1.

Under 5 years, 69—between 5 and 20 years, 8—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 80—Ireland, 19—other places, 6.